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[I am Navy Medicine: Lt. Cmdr. Jamal DeJli](#)

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In November 2014, I was requested to deploy and man one of the two navy mobile laboratories in support of Operation United Assistance during the famous Ebola outbreak in West Africa.

As a microbiologist, Navy Medicine has taken me away from the laboratory bench and routine patient sample processing to a more challenging, diversified and rewarding career. It has molded me into the naval officer I am today.

I am a native of Safi, Morocco and resident of the state of Massachusetts. I was employed as a medical technologist at Massachusetts General Hospital yearned for something more challenging. On the advice of a good friend, I joined the Navy in July 2001. At the time I was not a U.S. citizen, so I had to begin

my naval career enlisting first as a hospital corpsman (medical laboratory technician) until 2005, the year I was commissioned as a microbiologist in the Medical Service Corps.

My first official duty station was the [Naval Medical Research Unit-3 \(NAMRU-3\)](#) Cairo, Egypt. It was a great learning experience combining medical research, disease surveillance, and capacity building. Because of my background and linguistic skills, I was able to provide training, establish disease surveillance sites and develop collaborations with the ministries of health of French speaking countries such as Morocco, Djibouti, Côte d'Ivoire, and Burkina Faso. I also took part in similar missions throughout the region including Qatar, Afghanistan, Turkey, Georgia, Azerbaijan, Sierra Leone, Uganda, and Ghana.



Now that I've accumulated clinical, biodefense, research and operational experiences, I think as a microbiologist I've reached the culminating point of my professional goals, and am now ready to assume more challenging positions.

I was due to transfer to the [Naval Medical Center Portsmouth \(NMCP\)](#) in 2009 when the H1N1 virus outbreak broke out. My team from NAMRU-3 established a satellite lab in Kuwait where the first cases appeared among our troops in the area. Eventually, Forward Deployable Preventive Medicine Unit (FDPMU) teams from the [Navy Environmental and Preventive Medicine Unit-2 \(NEPMU-2\)](#) in Norfolk began supporting laboratory operations in Kuwait. Upon returning to NMCP, we were able to introduce this capability and established the first-ever molecular unit to test influenza viruses and provide the medical staff with results in a very short turnaround time.

Based on a growing interest in public health along with the extensive experience gained at NAMRU-3, I decided to add a Master's of Public Health to my doctorate through a joint program between Old Dominion University and Eastern Virginia Medical School, a degree that I earned in 2012.

In the meantime, while stationed at NMCP, my interaction with NEPMU-2 prompted me to call my

specialty leader for a subsequent transfer to the unit in 2011. My primary reason for requesting a transfer to NEPMU-2 was to experience what is like to man and run a mobile laboratory in a deployed setting. Once assigned to NEPMU-2 I had the privilege of serving as the Office-in Charge of the FDPMU team. Although the FDPMU did not have a chance to deploy, we were able to conduct field exercises and go through two successful operation readiness evaluations, the capstone pre-deployment certification event.

In 2013, I was asked to move to the [Navy and Marine Corps Public Health Center \(NMCPHC\)](#) to lead the expeditionary preventive medicine team and assume the position of the microbiology component manager. Since joining the Navy, this was one of the best leadership positions that I've ever held. Even though it was an administrative position, I had a chance to interact with other public health professionals and high ranking military leaders from [U.S. Navy Bureau of Medicine and Surgery \(BUMED\)](#), and the Pentagon; I learn a lot about operational medicine programs and processes. At the NMCPHC level, the expeditionary preventive medicine department provides training and support for the NEPMUs and the FDPMUs, in addition to consultation services to the COCOMs. As the microbiologist subject matter expert, biodefense was an important multiservice program that I had the pleasure to work with and participate in. Developing conditions of operations, and capability based assessment documents took a big chunk of my daily work, but was happy to interact and work with our sister services.

In November 2014, I was requested to deploy and man one of the two navy mobile laboratories in support of Operation United Assistance during the famous Ebola outbreak in West Africa. Our laboratories were based in Liberia, and operating in very austere environment marked by power limitations and outages. However, we were able to decrease the turnaround time for lab results from seven days to four hours. This resulted in improved patient triage, more efficient Ebola treatment unit operations, safer burial practices, and a significant decrease in the spread of the Ebola virus.

Now that I've accumulated clinical, biodefense, research and operational experiences, I think as a microbiologist I've reached the culminating point of my professional goals, and am now ready to assume more challenging positions. I am profoundly happy and proud to be part of the Navy medicine family. To quote our former President John F. Kennedy: "I can imagine no more rewarding a career. And any man who may be asked in this century what he did to make his life worthwhile, I think can respond with a good deal of pride and satisfaction: 'I served in the United States Navy.'" This quote resonates with me tremendously.

I'm Lt. Cmdr. Jamal Dejli. I am Navy Medicine.

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